




| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | Docket Number<br>740082.405 |               |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
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| Application Number 10/683,865                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       | Filed October 9, 2003       |               |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| For NOVEL TAXANES AND METHODS RELATED TO USE AND PREPARATION THEREOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                             |               |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| Art Unit<br>1624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | Examiner<br>Mark L. Berch   |               |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td><u>\$1080</u></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>54,150</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34. _____</p> <table><tbody><tr><td><br/>_____<br/>Signature<br/>Hai Han, Ph.D.<br/>_____<br/>Typed or printed name</td><td>_____<br/>March 23, 2006<br/>_____<br/>Date<br/>206-622-4900<br/>_____<br/>Telephone Number</td></tr></tbody></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p> |                                                                                       |                             |               | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | <u>\$1080</u> | <br>_____<br>Signature<br>Hai Han, Ph.D.<br>_____<br>Typed or printed name | _____<br>March 23, 2006<br>_____<br>Date<br>206-622-4900<br>_____<br>Telephone Number |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Fee</u>                                                                            | <u>Small Entity Fee</u>     |               |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$120                                                                                 | \$60                        | \$ _____      |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$450                                                                                 | \$225                       | \$ _____      |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$1020                                                                                | \$510                       | \$ _____      |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1590                                                                                | \$795                       | \$ _____      |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$2160                                                                                | \$1080                      | <u>\$1080</u> |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |
| <br>_____<br>Signature<br>Hai Han, Ph.D.<br>_____<br>Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____<br>March 23, 2006<br>_____<br>Date<br>206-622-4900<br>_____<br>Telephone Number |                             |               |            |                         |  |                                                        |       |      |          |                                                         |       |       |          |                                                           |        |       |          |                                                          |        |       |          |                                                                     |        |        |               |                                                                                                                                                               |                                                                                       |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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3-24-06

EXPRESS MAIL NO. EV741778377US

JW



# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

|                      |                 |
|----------------------|-----------------|
| Application Number   | 10/683,865      |
| Filing Date          | October 9, 2003 |
| First Named Inventor | Ragina Naidu    |
| Art Unit             | 1624            |
| Examiner Name        | Mark L. Berch   |
| Attorney Docket No.  | 740082.405      |

## ENCLOSURES (check all that apply)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement and Transmittal<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):<br>_____<br>_____<br>_____<br>_____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                           |                 |        |
|--------------|-------------------------------------------|-----------------|--------|
| Firm Name    | Seed Intellectual Property Law Group PLLC | Customer Number | 00500  |
| Signature    |                                           |                 |        |
| Printed Name | Hai Han, Ph.D.                            |                 |        |
| Date         | March 23, 2006                            | Reg. No.        | 54,150 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |  |       |  |
|-----------------------|--|-------|--|
| Signature             |  |       |  |
| Typed or printed name |  | Date: |  |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
762008\_1.DOC

## Complete if Known

|                      |                 |
|----------------------|-----------------|
| Application Number   | 10/683,865      |
| Filing Date          | October 9, 2003 |
| First Named Inventor | Ragina Naidu    |
| Examiner Name        | Mark L. Berch   |
| Art Unit             | 1624            |
| Attorney Docket No.  | 740082.405      |

# FEE TRANSMITTAL

## for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$1080)

**METHOD OF PAYMENT** (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | _____          |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | _____          |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | _____          |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|----------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|                      |                     |                 |                      |                                      |
|----------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <b>Total Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b>     |
| <u>126</u> -HP = 126 | <u>      </u> X     | <u>      </u> = | <u>      </u>        | <b>Fee (\$)</b> <b>Fee Paid (\$)</b> |

HP = highest number of total claims paid for, if greater than 20

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| <b>Indep. Claims</b> | <b>Extra Claims</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| <u>30</u> -HP = 30   | <u>      </u> X     | <u>      </u> = | <u>      </u>        |

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                      |                     |                                                         |                 |                      |
|----------------------|---------------------|---------------------------------------------------------|-----------------|----------------------|
| <b>Total Sheets</b>  | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| <u>      </u> -100 = | <u>      </u> /50 = | <u>      </u> (round up to a whole number)              | x <u>      </u> | <u>      </u>        |

**4. OTHER FEE(S)**


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time, 5 months

**Fees Paid (\$)**

**1080**

**SUBMITTED BY**

|                   |                                                                                     |                                   |                |           |              |
|-------------------|-------------------------------------------------------------------------------------|-----------------------------------|----------------|-----------|--------------|
| Signature         |  | Registration No. (Attorney/Agent) | 54,150         | Telephone | 206-622-4900 |
| Name (Print/Type) | Hai Han, Ph.D.                                                                      | Date                              | March 23, 2006 |           |              |